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DECLARATION FOR UTILITY OR

DESIGN



First Named Inventor

IN-5725

Walter H. OHRBOM et al.

PATENT APPLICATION				COMPLETE IF KNOWN					
	•	37 CFR 1.63) or X Declar	ation						
	bmitted		ation tted after initial	Applic	ation Number	10/77	7,301		
						_	uary 12, 2004		
	with initial Filing		Filing (surcharge (37 CFR 1.16 (e))		Filing Date Group Art Unit		dary 12, 2004		
1 1111	i ig	require	, ,,	Examiner Name					
		require	, u	LXuiii	ner rame				
As below nar	med inventor,	I hereby declare that:							
My residence	e, post office a	iddress and citizenship	are as stated below	next to r	ny name.				
I believe I am the original, first and sole inventor (if only name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: USE OF CARBAMATE-MODIFIED AMINOPLAST RESINS TO IMPROVE THE APPEARANCE AND PERFORMANCE OF POWDER COATINGS (Title of the Invention) The specification of which:									
is attached hereto									
Was filed on February 12, 2004 as United States Application Serial Number 10/777,301. was amended on (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application									
I hereby claim foreign priority benefits under 35, U.S.C § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365 (a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below, by checking the box, any foreign application(s) for patent or inventor's certificate, or any PCT international application(s) having a filing date before that of the application on which priority is claimed.									
Prior Foreign	Application	Country	Foreign Filing (Date	Priority		Certified Copy Attached?		
Numb	er(s)	DATE/MON		YEAR Not Claimed			Yes No		
Additional foreign application number are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C 119(e) of any United States provisional application(s) listed below: APPLICATION NUMBER(S) FILING DATE									
Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto									
County	United St	ates of America	Telephone	(248)	948-2355	Fax	(248) 948-2093		

City

West Bloomfield

DECLARATION —	Utility or	Design Pat	ent Applic	cation						
I, We, hereby appoint the prosecute this application at therewith.	oractitioner(s)		vith the Cu	stomer N						
X Customer Number or Ba	20	O	r 🔲 (Correspondenc	e address belo					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name OF SOLE OR FIRST NVENTOR: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any]	er H.		or Surname		OHRB	HRBOM				
Inventor's Signature			Date		2-17-04		4			
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Mailing Address 13938 Plove	er									
City Hartland Township	Michigan	ichigan Zip		48353						
(first and middle [if any] Inventor's Signature	mas S.	Shelid	Family Nar or Surname Date	ne ? 7-04	RICHA					
Residence: City West Bloomfield	State	Michigan	Country	United S America		Citizenship	American			

State

Michigan

48324

Zip

DECLA	RATION -		Utility	or Design Pa	tent Appli	cation				
POWER OF ATTORNEY										
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x Customer Number or Bar Code Label					or Correspondence address b					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
Name OF SE	COND N				J '			r this unsign	ed inventor	
Given Name (first and middle [if any]					Family Name or Surname DECEMBER					
Signature				Т						
Residence: City	Roche		Sta	te Michigan	Country	United S America		Citizenship	American	
Mailing Address City Roche		arkland	State	Michigan		Zip		48307		
<u> </u>			[
Name OF SE	COND N	VENTO	R:		A petition	n has bee	n filed fo	r this unsign	ed inventor	
Given Name (first and middle [if any]				Family Name or Surname		AL.				
Inventor's Signature		Jamos	a. Za	regal	Date 2//	7/04				
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Mailing Address	8564	Sandy	Crest	Drive						
City	White La		State	Michigan	•	Zip		48386	-	

[Page 3 of 3]

Declaration for Utility or Design Patent Application (PTO/SB/01) [1-1.1]